MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/					51						
2		6		/				52						
3		Ø		/				53						
4		Ø		/				54						
5		Ø		/				55						
6		Ø		/				56						
7		Ø		/				57						
8		Ø		/				58						
9		Ø		/				59						
10		Ø		/				60						
11		Ø		/				61						
12				/				62						
13								63						
14				/				64						
15				/				65						
16				/				66						
17				/				67						
18				/				68						
19				/				69						
20				/				70						
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43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	/	↓	/	↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	10	←	19	←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	11		20					TOTAL CLAIMS						